

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P40004

**Entity Name:** CANCER RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

29 BROADWAY  
4TH FLOOR  
NEW YORK, NY 10006

**Current Mailing Address:**

29 BROADWAY  
4TH FLOOR  
NEW YORK, NY 10006 US

**FEI Number:** 13-1837442

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VC  
Name GOGEL, DONALD JMR.  
Address 375 PARK AVENUE, 18TH FLOOR  
City-State-Zip: NEW YORK NY 10152

Title C  
Name FITZGIBBONS, JOHN MR.  
Address 405 LEXINGTON AVENUE  
City-State-Zip: NEW YORK, NY 10174

Title CHAIRMAN  
Name PAUL, ANDREW B  
Address 405 LEXINGTON AVENUE  
71ST FLOOR  
City-State-Zip: NEW YORK NY 10174

Title VC  
Name BERNER, EDGAR RMR.  
Address 485 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

Title S  
Name MENDELL, THOMAS GMR.  
Address 667 MADISON AVENUE, 21 FLOOR  
City-State-Zip: NEW YORK NY 10021

Title TREASURER  
Name COLEY, GEOFFREY O  
Address 1009 PARK AVENUE  
14A  
City-State-Zip: NEW YORK NY 10128

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GEOFFREY O COLEY

**TREASURER**

**01/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date